

BY ORDER OF THE COMMANDER
910 AIRLIFT WING

910 AIRLIFT WING INSTRUCTION 48-104

17 DECEMBER 2012

Aerospace Medicine

**BLOODBORNE PATHOGENS EXPOSURE
CONTROL PLAN**



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This instruction implements 29 Code of Federal Regulations (CFR) 1910.1030, *Bloodborne Pathogens*, and Air Force Policy Directive (AFPD) 48-1, *Aerospace Medical Program*. It establishes procedures for the base Bloodborne Pathogen Program. It recognizes that employees of the 910 Airlift Wing (910AW), located at Youngstown Air Reserve Station (YARS), Vienna, Ohio, who may encounter routine and non-routine occupational exposure to bloodborne pathogens including hepatitis B virus (HBV) and human immunodeficiency virus (HIV). It applies to all 910 Airlift Wing military, civilian, and contractor personnel. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using Air Force Information Management Tool (AF IMT) Form 847 “*Recommendation for Change of Publication*”; route AF IMT 847’s from the field through the appropriate functional’s chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363 “*Management of Records*”, and disposed of in accordance with the Air Force Records Disposition Schedule (AF RDS) located at <https://www.my.af.mil/afrims/afrims/afrims/rims.cfm>.

SUMMARY OF CHANGES

This revision updates procedures for the base Bloodborne Pathogen Program.

1. Objectives. This instruction is established to protect employees and prevent bloodborne pathogen infections. This is done by limiting occupational exposure to blood and other potentially infectious materials, since any exposure could result in transmission of bloodborne pathogens, which could lead to disease or death.

2. Definitions.

- 2.1. Blood: Human blood, human blood components, and products made from human blood.
- 2.2. Bloodborne Pathogens: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV)
- 2.3. Contaminated: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 2.4. Contaminated Sharps: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.
- 2.5. Decontamination: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious articles and the surface or item is rendered safe for handling, use or disposal.
- 2.6. Engineering Controls: Controls (e.g. sharps disposable containers, shelf-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
- 2.7. Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- 2.8. Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
 - 2.8.1. Other Potentially Infectious Materials:
 - 2.8.1.1. The following human body fluids. Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids except sweat.
 - 2.8.1.1.1. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 - 2.8.1.1.2. HIV: containing cell or tissue cultures, organ cultures, HIV or HBV-containing culture medium or other solutions, blood, organs, or other tissue from experimental animals infected with HIV or HBV.
 - 2.8.1.1.3. Parenteral: Piercing mucous membranes or the skin barrier through such events as needle stick, human bites, cuts, and abrasions.
 - 2.8.1.1.4. Personal Protective Equipment: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function, as protections against a hazard are not considered to be personal protective equipment.
 - 2.8.1.1.5. Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the

employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

2.8.1.1.6. Universal Precautions: An approach to infection control. According to the concept of universal precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

2.8.1.1.7. Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

3. Responsibilities:

3.1. Commanders will ensure all personnel at risk for occupational exposures to potentially infectious material are adequately protected, receive initial orientation and annual training, and comply with established guidelines and requirements defined in this plan and 29 CFR 1910.1030.

3.2. Bioenvironmental Engineering Services:

3.2.1. Develop and review the Bloodborne Pathogens Exposure Control Plan.

3.2.2. Coordinate with units to determine which job classifications may have potential exposure.

3.2.3. Ensure that job classifications identify tasks and methods of compliance.

3.2.4. Maintain documentation for 3 years in accordance with administrative procedures for all units within the wing.

3.3. Employees:

3.3.1. Receive training annually.

3.3.2. Use appropriate methods of compliance when performing tasks with potential exposure to bloodborne pathogens.

3.3.3. Report exposure to bloodborne pathogens to the full-time Bioenvironmental Engineering / Public Health Office.

4. Exposure Determination:

4.1. The following units have employees, which have an occupational exposure to bloodborne pathogens. These requirements are maintain in their particular industrial hygiene case file located in the Bioenvironmental Engineering Office.

4.1.1. Medical Squadron (910MDS).

4.1.2. Fire Department (910CE/CEF).

4.1.3. Security Forces (910SFS) (Military and Civilian employees).

4.1.4. Bioenvironmental Engineering (910AW/SGPB)

4.1.5. 773rd Airlift Squadron/Life Support.

4.1.6. 757th Airlift Squadron/Life Support.

4.1.6.1. 910 Operations Group/Aerial Spray Unit

4.1.7. Contractor employees of Vocational Guidance Service, Inc, Cleveland, OH, a civilian contract custodial agency, also has an occupational exposure to bloodborne pathogens, which is responsible under 29 CFR 1910.1030 to establish compliance of the Bloodborne Pathogens to their employees. A copy of their Exposure Control Plan is maintained in the 910AW Public Health Office.

4.1.8. Good Samaritan acts which result in the exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e. giving first aid) are not included in the standard. The 910 Airlift Wing however, will provide assistance with post-exposure evaluation and follow-up in such cases.

5. Methods of Compliance:

5.1. Universal Precautions: Effective immediately, universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. Supervisors of employees working in job classifications who encounter occupational exposure to blood or other potentially infectious materials (listed in the exposure determination section) are responsible for ensuring that employees observe universal precautions at all times.

5.2. Engineering and Work Practice Controls: Engineering and work practice controls shall be utilized as a primary method for eliminating or controlling exposure to blood or other potentially infectious materials. The following work practice controls will be utilized and enforced by supervisors.

5.2.1. Employees must wash their hands and any other exposed skin with soap and water, or flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials.

5.2.2. Employees must wash their hands before and after using the restroom.

5.2.3. Employees must wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment.

5.2.4. Hand cleaners or towelettes are acceptable only where hand washing facilities are not feasible.

5.2.5. Contaminated needles and other sharps shall not be bent, recapped, or removed unless no alternative is feasible or such action is required by a specific medical procedure. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. Shearing or breaking of contaminated needles is prohibited.

5.2.6. Contaminated reusable sharps (i.e. scalpels) shall be placed in appropriate containers immediately or as soon as possible after use.

5.2.7. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

5.2.8. Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

5.2.9. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.

5.2.10. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

5.2.11. Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.

5.2.12. Equipment, which may become contaminated with blood or other potentially infectious materials, shall be examined prior to servicing or shipping and decontaminated as necessary. If decontamination is not feasible, a readily observable label in accordance with 29 CFR 1910.1030 must be attached to the equipment stating which portions remain contaminated.

5.2.13. If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.

5.3. Personal Protective Equipment (PPE). Where occupational exposure remains after institution of engineering and work practice controls, appropriate PPE will be used. PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to reach employees work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use. PPE is provided at no cost to the employee. Supervisors will be responsible for ensuring that employees wear appropriate PPE. The following also applies to PPE.

5.3.1. PPE must be cleaned, laundered, repaired, and/or replaced as needed to maintain its effectiveness.

5.3.2. If blood or other potentially infectious material penetrates a garment, this garment must be removed immediately or as soon as feasible.

5.3.3. All PPE must be removed prior to leaving the work area.

5.3.4. When PPE is removed, it must be placed in an appropriately designated covered container for storage, washing and decontamination, or disposal.

5.3.5. As a minimum, protective equipment shall consist of the following:

5.3.5.1. Gloves. When the employee’s hands have the potential for direct skin contact with blood or other potentially infectious materials, whether on surfaces, linen, or the body. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Never wash or decontaminate disposable gloves for reuse or before disposal.

5.3.5.2. Mask, Eye Protection, or Chin Length Face Shield: When droplets, splashes, splatters, sprays, or aerosols of blood or other potentially infectious materials may be generated and pose a hazard to the eye, nose, or mouth.

5.3.5.3. Gowns, Lab coats, Aprons, and other Similar Clothing. If clothing may become soiled with blood or other potentially infectious materials, or if blood or other potentially infectious materials penetrate a garment, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) become minimally contaminated, employees should be trained to remove the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal. However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut off such a contaminated scrub to aid removal and prevent exposure to the face.

6. Hepatitis B Vaccination (HBV):

6.1. The Hepatitis B vaccine and vaccination series shall be made available to all employees with occupational exposure at no cost to the employee. 910 Airlift Wing will provide the HBV to all employees with occupational exposure.

6.2. All employees who may be working in areas with occupational exposure are allowed the chance to receive the Hepatitis B vaccination after the employee has received the training required and within 10 working days of initial assignments. Employees who decline the Hepatitis B vaccination will be required to sign a declination statement. All reservists exposed must receive the vaccine. If an employee initially declines the Hepatitis B vaccine but later decides to accept, 910 Airlift Wing will make available the Hepatitis B vaccine at that time, assuming employees still has an occupational exposure.

7. Post-Exposure Evaluation and Follow Up:

7.1. Due to such complex material, the Bioenvironmental / Public Health Office must be called in determining direction should this occur.

7.2. Due to potentially severe consequences resulting in exposure incidents, the circumstances regarding these incidents will be investigated with the utmost priority. Any time an exposure incident occurs, employees must notify their immediate supervisor within 3 hours of the incident to ensure the proper evaluation and follow-up. The medical evaluation and follow-up will include the following elements (within 24 hours).

7.2.1. Documentation and evaluation by a physician of the route(s) of exposure and the circumstances under which the exposure incident occurred.

7.2.2. Identification and documentation of the source individual, unless infeasible or prohibited by state or local law. If consent is obtained (where required), the source individual's blood shall be tested and the results documented. If the source individual is known to be infected with HIV or HBV, this shall be documented without a repeat test.

7.2.3. Results of the source individual's testing shall be made available to the exposed employee, along with applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

7.2.4. The exposed employee's blood shall be tested as soon as feasible after consent is obtained.

7.2.5. If the employee consents to baseline blood collection such testing shall be done as soon as feasible.

7.2.6. When medically indicated, post exposure prophylaxis will be provided, as recommended by the United States Public Health Service.

7.2.7. Counseling will be made available to the employee upon request.

7.2.8. Evaluation of reported illness.

7.3. Within 15 days of completion, a copy of the evaluating healthcare professional's written opinion shall be obtained and provided to the employee.

8. Recordkeeping:

8.1. Medical records must be kept for each employee with occupational exposure to bloodborne pathogens. Civilian medical records will be maintained in accordance with established civil service procedures. The following records will be kept on file.

8.2. A file for each employee with occupational exposure to blood or other potentially infectious materials including the name and social security number of the employee, a copy of the employee's hepatitis B vaccination status, any medical records relative to the employee's ability to receive vaccination. This information will be considered Personal Identification Information (PII) and must be handled/protected appropriately.

8.3. A copy of all results of examination, medical testing, and follow-up procedures following an exposure incident.

8.4. The employer's copy of the healthcare professional's written opinion regarding post-exposure evaluation and follow-up.

8.5. Declination statement of civilian workers will be filed in medical records and Tab F of the industrial hygiene case files.

8.6. The above records will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the bloodborne pathogens standard or by law. Additionally, these records will be maintained for at least the duration of the employment plus thirty (30) years, and in accordance with AF RDS. Further records of this nature must be identified as Vital Records within the unit/office file plan. Records containing Personal Identifying Information (PII) must be protected in accordance with the Federal Privacy Act of 1974.

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Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFMAN 33-363, “*Management of Records*”, 1 March 2008
AFPD 48-1, “*Aerospace Medical Program*”, 23 August 2012
29 CFR 1910.1030, “*Bloodborne Pathogens*”
Adopted Form
AF IMT 847 “Recommendation for Change of Publication”

Abbreviations and Acronyms

AF—Air Force
AFI—Air Force Instruction
AFMAN—Air Force Manual
AFIMT—Air Force Information Management Tool
BEO—(Base) Bioenvironment Office
HBV—Hepatitis B virus
HIV—Human immunodeficiency virus
PA—Privacy Act
PII—Personal Identification Information
PPE—Personal Protective Equipment
USPHS—United States Public Health Office